PTO/SB/01 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR HTH ITY OR		Attorney Docke	t Number	GKNG 1282 PCT		
DECLARATION FOR DESIGN		First Named Inv	entor	ARTUR GRUNWALD, ET AL.		
PATENT APPL			MPLETE IF	KNOWN		
(37 CFR 1		Application Num	ber	APPLIED FOR		
✓ Declaration	Declaration	Filing Date	HER	EWITH		
Submitted OR	Submitted after Initial Filing (surcharge	Group Art Unit				
with Initial Filing	(37 CFR 1.16 (e)) required)	Examiner Name				
As a below named inventor, I hereby declare that:						
My residence, mailing address, and	-	ed below next to my name	e.			
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
AXIAL SETTING DEVICE						
	(Title of th	ne Invention)				
the specification of which						
✓ is attached hereto						
OR	<u></u>					
was filed on (MM/DD/YYYY)		as United Sta	ates Applicati	on Number or PCT International		
				(if and line black		
Application Number	and was a	mended on (MM/DD/YY)	^(Y)	(if applicable).		
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.						
• •	•		defined in 37	CFR 1.56, including for continuation-		
	nation which became ava	ailable between the filing		orior application and the national or		
or plant breeder's rights certificate than the United States of America	e(s), or 365(a) of any P a, listed below and hav 's rights certificate(s), o	PCT international applicative also identified below,	tion which de by checking	n application(s) for patent, inventor's esignated at least one country other the box, any foreign application for aving a filing date before that of the		
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claime	Certified Copy Attached?		

09/25/2004 PCT/EP 2004/010788 EPO 10/13/2003 103 49 030.2 **GERMANY**

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Label		02725	56	OR	√ c	orrespondence a	ddress below
ROBERT P. RENKE ARTZ & ARTZ, P.C. Name							
28333 TELEGRAPH ROAD SUITE 250 Address							
SOUTHFIELD City			State	MI		ZIP 48034	
U.S.A. 248-223 Country Telephone			-9500 248-223-9522 Fax				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventor							
Given Name ART (first and middle [if any])	UR			ily Name urname		GRUNWA	LD
Inventor's Signature						Date	
NÜMBRECHT Residence: City		State		GERMANY Country	′	Citizenship	GERMAN
ORCHIDEENWEG 18 Mailing Address							
NÜMBRECHT City		State		ZIP D	-51588	Country	GERMANY
NAME OF SECOND INVENTOR:		A petition ha	s bee	n filed for	this uns	signed invento	or
Given Name HANS-F (first and middle [if any])	PETER			ly Name Irname		NETT	
Inventor's Signature	·					Date	
ADENAU Residence: City	s	tate		GERM/ Country	ANY	Citizenship	GERMAN
ZUM ECKERNBAUM 14 Mailing Address							
ADENAU City	s	State	Z	D-5 ZIP	3518	Country	GERMANY
Additional inventors are being named on the	1 supp	lemental Addition	onal Inv	ventor(s) she	eet(s) PT	O/SB/02A attach	ed hereto.

PTO/SB/02A (09-04) Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3				
Name of Additional Joint Inventor if an		A pet	ition t	nas been filed for this ur	eigned	inventor
Name of Additional Joint Inventor, if any		T			isigned	IIIVeIIIO)
Given Name (first and middle (if any)) THEODOR)	Family Nam	e or t	Surname		
THEODOR		GASSMANN				
Inventor's Signature					Date	· · · · · · · · · · · · · · · · · · ·
SIEGBURG Residence: City	GERMANY State Country		i		AN nship	
EICHENDORFFSTRASSE 60						
Mailing Address	<u> </u>					
SIEGBURG	04-4-			D-53721	GERMA	
City	State			Zip	Count	iry
Name of Additional Joint Inventor, if any	y:	A pet	ition h	nas been filed for this ur	nsigned	inventor
Given Name (first and middle (if any))			Family Name or Su	urname	
BERNHARD TERFLOTH						
Inventor's Signature					Date	
REMSCHEID				GERMANY		GERMAN
Residence: City	State			Country		Citizenship
FLIEDERWEG 17						
Mailing Address	<u> </u>					
REMSCHEID City	State			D-42899 Zip	GERM/ Count	
Name of Additional Joint Inventor, if any		A pet	ition ł	nas been filed for this ur		
Given Name (first and middle (if any))	-	Family Name or Surname				
JOSEF		BACHMANN				, <u>, , , , , , , , , , , , , , , , , , </u>
Inventor's Signature					Date	
OBERSINN Residence: City	State			GERMANY Country		GERMAN Citizenship
HARTBERG 3A	· · · · · · · · · · · · · · · · · · ·					·····
Mailing Address						
OBERSINN	State			D-97791	GERM	

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/81 (11-04)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS** INDICATION FORM

red to respond to a collection of infor	mation unless it displays a valid OMB control number.
Application Number	APPLIED FOR
Filing Date	HEREWITH
First Named Inventor	ARTUR GRUNWALD, ET AL.
Title	AXIAL SETTING DEVICE
Art Unit	
Examiner Name	
Attorney Docket Number	GKNG 1282 PCT

I hereby revoke a	II previous powe	rs of attorney gi	iven in the ab	ove-ide	ntified applic	ation.	
I hereby appoint:		· · · · · · · · · · · · · · · · · · ·					······································
1	sociated with the Customer Number: 027256						
OR					· · · · · ·		
Practitioner(s)	named below:						
	Name				Registrat	ion Numbe	er
						•	
as my/our attorney(s) Trademark Office con		cute the application	identified above	, and to t	ransact all busin	ess in the	United States Patent and
Please recognize or c	hange the correspor	ndence address for	the above-identi	ied appli	cation to:		
The address	associated with the	above-mentioned (Customer Numbe	er.			
OR	accounted with the	above memories (Total Trains			7	
The address	s associated with Cu	stomer Number					
OR				· · · · · · · · · · · · · · · · · · ·		<u> </u>	
Firm or Individual	Name						
Address							
							<u></u>
City				State			Zip
Country Telephone				Fax			
I <u>am</u> the:							
Applicant/Inv	entor.						
	ecord of the entire in						
Statement ui	nder 37 CFR 3.73(b)		·				
	7		Applicant or A	ssignee	of Record		
Signature Name	JOSEF BACHMAN	IN				Date	
Title and Company						Telephone	9
	he inventors or assigne	ees of record of the en	tire interest or their	represent	ative(s) are require	ed. Submit n	nultiple forms if more than one
signature is required, see							
▼ *Total of 5	forms are	submitted.					

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

	ormation unless it displays a valid OMB control number.
Application Number	APPLIED FOR
Filing Date	HEREWITH
First Named Inventor	ARTUR GRUNWALD, ET AL.
Title	AXIAL SETTING DEVICE
Art Unit	
Examiner Name	
Attorney Docket Number	GKNG 1282 PCT

I hereby revoke al	Il previous powers of attorney gi	ven in the above-ide	entified application.			
I hereby appoint:						
 —	sociated with the Customer Number: 027256					
OR						
Practitioner(s) n	named below:					
	Name		Registration Number	er		
	· · · · · · · · · · · · · · · · · · ·		 			
as my/our attorney(s) of Trademark Office conf	or agent(s) to prosecute the application nected therewith.	identified above, and to t	ransact all business in the	United States Patent and		
Please recognize or ch	hange the correspondence address for	the above-identified appli	cation to:			
The address	associated with the above-mentioned C	Customer Number:				
OR	associated with the above-mentioned C	Tuesday of the state of the sta				
The address	s associated with Customer Number:					
OR OR	s associated with Customer Number.					
Firm or Individual	Name					
Address						
City		State		Zip		
Country Telephone		Fax				
Lam the:		l av				
Applicant/Inv	rentor.					
Assignee of r	record of the entire interest. See 37 CFF	R 3.71.				
Statement un	nder 37 CFR 3.73(b) is enclosed. (Form	PTO/SB/96)				
	SIGNATURE of	Applicant or Assignee	of Record			
Signature	THEODOR GASSMANN		Date			
Name			Telephone			
Title and Company	<u> </u>		. <u> </u>			
NOTE: Signatures of all the signature is required, see	the inventors or assignees of record of the enter below*.	tire interest or their represent	ative(s) are required. Submit m	ultiple forms if more than one		
✓ *Total of <u>5</u>	forms are submitted.					

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	APPLIED FOR
Filing Date	HEREWITH
First Named Inventor	ARTUR GRUNWALD, ET AL.
Title	AXIAL SETTING DEVICE
Art Unit	
Examiner Name	
Attorney Docket Number	GKNG 1282 PCT

I hereby revoke al	I previous powers of attorney give	n in the above-identified appli	cation.			
I hereby appoint:						
✓ Practitioners ass	sociated with the Customer Number: 027256					
OR	L					
Practitioner(s) n	named below:					
	Name	Registr	ation Number			
as my/our attorney(s) o Trademark Office conr	or agent(s) to prosecute the application idenected therewith.	entified above, and to transact all bus	iness in the United States Patent and			
Please recognize or ch	hange the correspondence address for the	above-identified application to:				
7	associated with the above-mentioned Cus					
OR OR	associated with the above-mentioned cus	Storiller Number.	¬			
The eddress	and a sister of with Constant of Number					
OR_	associated with Customer Number:					
Firm or Individual	Name					
Address						
City		State	Zip			
Country		Tran I				
Telephone		Fax				
Applicant/Inve	entor.					
	record of the entire interest. See 37 CFR 3 ander 37 CFR 3.73(b) is enclosed. (Form P1					
	SIGNATURE of A	pplicant or Assignee of Record				
Signature	ARTUR GRUNWALD		Date			
Name			Telephone			
Title and Company						
NOTE: Signatures of all the signature is required, see	he inventors or assignees of record of the entire below*.	interest or their representative(s) are requ	ired. Submit multiple forms if more than one			
*Total of 5	forms are submitted.					

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are requir

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS** INDICATION FORM

red to respond to a collection of into	rmation unless it displays a valid QMB control number.
Application Number	APPLIED FOR
Filing Date	HEREWITH
First Named Inventor	ARTUR GRUNWALD, ET AL.
Title	AXIAL SETTING DEVICE
Art Unit	
Examiner Name	
Attorney Docket Number	GKNG 1282 PCT

I hereby revoke a	Il previous powers of attorn	ey given in the abo	ove-ide	entified applica	ation.	
I hereby appoint:						
✓ Practitioners as	sociated with the Customer Number: 027256					
OR	OR					
Practitioner(s)	named below:					
	Name			Registrati	on Number	1
						ł
 						ł
						ł
					· · · · · · · · · · · · · · · · · · ·	1
	or agent(s) to prosecute the applic	cation identified above,	and to t	ransact all busine	ess in the United States Patent an	d d
Trademark Office con	nected therewith.					-
Please recognize or o	change the correspondence address	ss for the above-identif	ied appli	cation to:		
The address	s associated with the above-mention	ned Customer Numbe	r:			
OR						
The addres	s associated with Customer Numb	er:				
OR						
Firm or Individual	l Name					
Address		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
City			State		Zip	
Country Telephone		1	Fax			
I am the:	<u> </u>		Tax			
Applicant/Inv	ventor.					
l	record of the entire interest. See 3	7 CFR 3.71.				
	nder 37 CFR 3.73(b) is enclosed.					
	SIGNATU	RE of Applicant or As	ssignee	of Record		
Signature	HANS-PETER NETT	7.00			Date	,
Name					Telephone	
Title and Company						
NOTE: Signatures of all signature is required, see	the inventors or assignees of record of a below*.	the entire interest or their	represent	ative(s) are require	d. Submit multiple forms if more than o	ne
*Total of 5	forms are submitted.					

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	APPLIED FOR
Filing Date	HEREWITH
First Named Inventor	ARTUR GRUNWALD, ET AL.
Title	AXIAL SETTING DEVICE
Art Unit	
Examiner Name	
Attorney Docket Number	GKNG 1282 PCT

I hereby revoke all previous powers of attorney given in the above-identified application.							
I hereby appoint:							
✓ Practitioners as:	ssociated with the Customer Number: 027256			256			
OR							
Practitioner(s) named below:							
	Name			Registration Number			
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.							
Please recognize or change the correspondence address for the above-identified application to:							
The address associated with the above-mentioned Customer Number:							
OR							
The address associated with Customer Number:							
OR	- doctorios with oddiomer rior						
Firm or Individual	Name						
Address							
City		*************************************	State		Z	ip	
Country Telephone		<u> </u>	Fax				
I am the:	1		, ux				
Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Signature	BERNHARD TERFLOTH				Date		
Name					Telephone		
Title and Company	l .						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
*Total of 5	*Total of <u>5</u> forms are submitted.						

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.